



September 4, 2013

Gary Pelletier, Esq.  
gpelletier@pcclaw.net

Re: Commonwealth of Massachusetts vs. Emory G. Snell, Jr.

Dear Mr. Pelletier:

The purpose of this supplemental report is to address concerns raised by the court during a recent hearing regarding the evidence of trauma in the body of Elizabeth A. (Lee) Snell -- trauma that is alleged to be suggestive of a struggle or a homicidal event. Examination of the photographs from the autopsy indicate that there is no evidence of trauma in the body suggestive of a struggle or a homicidal event.

I have attached most of the autopsy photographs to this report and comment on each one as follows.

"11 copy": This photograph of the decedent without clothing reveals the notable lack of traumatic injury. The yellow indicates a postmortem area of skin slip or abrasion. Injuries in living persons typically bleed or scab. A postmortem injury is an area where the epidermis (surface cells) slips off of the dermis (underlying fibrous tissue with blood vessels) after death. Note the absence of bleeding. A dermis that does not bleed looks yellow. It may also look yellow brown if the postmortem defect is older and dried out. It also may look red or pink if the defect is in an area of livor mortis (the purple areas of skin in the front of the body where blood in blood vessels has settled beneath the skin after death).

"05 copy": The yellow circles and ovals in the photograph reveal additional postmortem defects. Note how they neither bleed nor scab. These are trivial and not suggestive of a struggle or a homicidal event.

"13 copy": this is the face of the decedent. The cornea of the left eye is somewhat cloudy, consistent with her being dead for a while. The colored portions of the lips typically dry out and become wrinkled and darkened in the manner seen in the photograph after a body has been dead for a while. The nose also looks dried out and chapped. These are not injuries from before death but findings typically seen in a body that has been dead for a



HEARTLAND FORENSIC PATHOLOGY, LLC

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while. Remember that there was no blood in any of the bed coverings or in her clothing. Her face was in the pillow, so the nose after many hours would be deformed in the manner seen here. The yellowish abrasion in the left side of the nose and the yellow tan areas in the left side of the face and upper lip (all encircled) do not show evidence of bleeding or scabbing. They are postmortem, possibly the result of drying. The right upper eyelid may show a scab; it is hard to tell for sure. Still, this injury is trivial and may have occurred under many different circumstances at a previous time. None of these findings reach level of being suggestive of a struggle or a homicidal event.

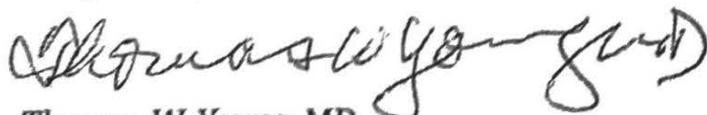
"01 copy" and "02 copy": These are photographs of the side of the face. The defects below the right ear and the right side of the nose in "02 copy" (indicated by arrows) are a little darker because they are in areas of livor mortis. Still, they don't bleed or scab -- vital reactions typically seen in injuries occurring before death.

"14 copy" and "15 copy": The abrasions at the base of the thumb and the wrist (arrows) may be older injuries. It is hard to say for sure. Still, these are trivial injuries that may occur during the normal course of living. The fingernails show flecked polish but nothing suggestive of trauma.

The remaining photographs demonstrate a remarkable lack of injury. Although the achilles tendon bruise in "19 copy" is readily apparent, this does not necessarily represent homicidal trauma. Such an injury can occur in the normal course of daily events and is not particularly remarkable for being severe or deadly.

In summary, the appearance of these injuries -- most of which are postmortem -- are not suggestive at all of a violent struggle that would occur from a homicidal event.

Respectfully submitted,

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Thomas W. Young, MD

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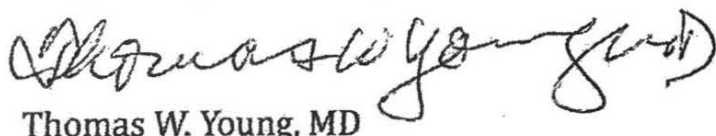
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A handwritten signature in cursive script, appearing to read "Thomas W. Young, MD". The signature is fluid and somewhat stylized, with the last name "Young" being particularly prominent.

Thomas W. Young, MD